

GC/MS DAILY INJECTOR/COLUMN CHECK
COCAINE/CODEINE MIX
SYSTEM #:_____MM/YY:_____

COLUMN ID: _____ DATE INSTALLED: _____
TARGET ABUNDANCES: Cocaine: _____ Codeine: _____
INITIAL COCAINE RT: _____ INITIAL CODEINE RT: _____
INITIAL RELATIVE R.T. RATIO (Codeine/Cocaine): _____

DAY	INITIALS	SEQUENCE	ABUNDANCES		R.T.		RELATIVE	PERCENT	COMMENT
			Cocaine	Codeine	Cocaine	Codeine	Cod./Coc.	DIFFERENCE	
1									
2									
3									
4									
5									
6									
7									
8									
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28									
29									
30									
31									

QC COMMENTS:

QC REVIEWER: _____ DATE: _____

*If the relative R.T. isn't within +/-5% of the initial value or the abundance is less than 50% of the target values, notify supervisor.